

Litton

Ingalls Shipbuilding

PLP-90-002

January 15, 1990

P.O. Box 149
Pascagoula, Mississippi
39568-0149
601-935-1122

CONTAINS NO CBI

90-900000037
Thru 90-900000039

Document Processing Center
Office of Toxic Substances TS-790
U. S. Environmental Protection Agency
401 M Street SW
Washington, DC 20460

Attention: CAIR Reporting Office

Please find enclosed three (3) CAIR reports covering the following trade name products which were listed in the Wednesday, June 14, 1989 Federal Register.

EN-1554 Part A

EN-1554 Part B

EN-6 Part A

Also enclosed are the Manufacturers Material Safety Data Sheets for the trade name products listed above.

Very truly yours,

INGALLS SHIPBUILDING, INC.

P.L. Price

P. L. Price
Chief Environmental Engineer

PLP:ps

ENCL:

91S DOCUMENT RECEIPT OFC.
90 JAN 16 AM 9:13

CONTAINS NO CBI

SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION

PART A GENERAL REPORTING INFORMATION

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been completed in response to the Federal Register Notice of..... [0] [6] [1] [4] [8] [9]
mo. day year

☐ a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. [0] [0] [0] [5] [8] [4] - [8] [4] - [9]

b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.

(i) Chemical name as listed in the rule

(ii) Name of mixture as listed in the rule

(iii) Trade name as listed in the rule

EN-6 PART A

c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.

Name of category as listed in the rule

CAS No. of chemical substance [] [] [] [] [] [] - [] [] - [] []

Name of chemical substance

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

CBI Manufacturer 1

☐ Importer 2

Processor 3

X/P manufacturer reporting for customer who is a processor 4

X/P processor reporting for customer who is a processor 5

EPA-OTS



000636301J

90-900000039

☐ Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice?

CBI

☐ Yes ☒ Go to question 1.04

☐ No ☐ Go to question 1.04

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice? Circle the appropriate response.

CBI

☐ Yes

☒ (No)

b. Check the appropriate box below:

☐ You have chosen to notify your customers of their reporting obligations
Provide the trade name(s)

☐ You have chosen to report for your customers

☐ You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI

☐ Trade name

Is the trade name product a mixture? Circle the appropriate response.

Yes 1

No 2

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI

☐ "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

P. L. PRICE

NAME

P.R. Price
SIGNATURE

1-12-90
DATE SIGNED

CHIEF ENVIRONMENTAL ENGINEER

TITLE

(601) 935 - 3991
TELEPHONE NO.

☐ Mark (X) this box if you attach a continuation sheet.

- 1.07 Exemptions From Reporting -- If you have provided EPA or another Federal agency with the required information on a CAIR Reporting Form for the listed substance within the past 3 years, and this information is current, accurate, and complete for the time period specified in the rule, then sign the certification below. You are required to complete section 1 of this CAIR form and provide any information now required but not previously submitted. Provide a copy of any previous submissions along with your Section 1 submission.

CBI

☐

"I hereby certify that, to the best of my knowledge and belief, all required information which-I have not included in this CAIR Reporting Form has been submitted to EPA within the past 3 years and is current, accurate, and complete for the time period specified in the rule."

NAME	SIGNATURE	DATE SIGNED
TITLE	() TELEPHONE NO.	DATE OF PREVIOUS SUBMISSION

- 1.08 CBI Certification -- If you have asserted any CBI claims in this report you must certify that the following statements truthfully and accurately apply to all of those confidentiality claims which you have asserted.

CBI

☐

"My company has taken measures to protect the confidentiality of the information, and it will continue to take these measures; the information is not, and has not been, reasonably ascertainable by other persons (other than government bodies) by using legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding) without my company's consent; the information is not publicly available elsewhere; and disclosure of the information would cause substantial harm to my company's competitive position."

NAME	SIGNATURE	DATE SIGNED
TITLE	() TELEPHONE NO.	

☐ Mark (X) this box if you attach a continuation sheet.

PART B CORPORATE DATA

1.09 Facility Identification

CBI Name [I][N][G][A][L][L][S][][S][H][I][P][B][U][I][L][D][I][N][G][][I][N][C][][]
[] Address [1][0][0][0][][L][I][T][T][O][N][][A][C][C][E][S][S][][R][O][A][D][][]
Street
[P][A][S][C][A][G][O][U][L][A][][][][][][][][][][][][][][][]
City
[M][S][][3][9][5][6][8][]--[0][1][4][9][]
State Zip
Dun & Bradstreet Number[1][7][]-[4][7][8][]-[6][9][1][3][]
EPA ID Number[0][5][0][6][4][8][7][5][7][]
Employer ID Number[][][][][][][][][]
Primary Standard Industrial Classification (SIC) Code[3][7][3][1][]
Other SIC Code[3][4][4][1][]
Other SIC Code[3][4][4][3][]

1.10 Company Headquarters Identification

CBI Name [I][N][G][A][L][L][S][][S][H][I][P][B][U][I][L][D][I][N][G][][I][N][C][][]
[] Address [1][0][0][0][][L][I][T][T][O][N][][A][C][C][E][S][S][][R][O][A][D][][]
Street
[P][A][S][C][A][G][O][U][L][A][][][][][][][][][][][][][][][]
City
[M][S][][3][9][5][6][8][]--[0][1][4][9][]
State Zip
Dun & Bradstreet Number[1][7][]-[4][7][8][]-[6][9][1][3][]
Employer ID Number[][][][][][][][][]

[] Mark (X) this box if you attach a continuation sheet.

1.11 Parent Company Identification

CBI Name [L][I][T][T][O][N] [I][N][D][U][S][T][R][I][E][S] [I][N][C] [] [] [] []
[] Address [3][6][0] [N][O][R][T][H] [C][R][E][S][E][N][T] [D][R][I][V][E] []
[B][E][V][E][R][L][Y] [H][I][L][L][S] [] [] [] [] [] [] [] [] [] []
[C][A] [9][0][2][1][0]--[] [] [] []
State Zip

Dun & Bradstreet Number [0][0] - [1][9][2] - [2][7][4][9]

1.12 Technical Contact

CBI Name [P][L][P][R][I][C][E] [] [] [] [] [] [] [] [] [] [] [] []
[] Title [C][H][I][E][F] [E][N][V][I][R][O][N][M][E][N][T][A][L] [E][N][G][I][N][E][E][R] []
Address [1][0][0][0] [L][I][T][T][O][N] [A][C][C][E][S][S] [R][O][A][D] []
[P][A][S][C][A][G][O][U][L][A] [] [] [] [] [] [] [] [] [] [] [] []
[M][S] [3][9][5][6][8]--[0][1][4][9]
State Zip

Telephone Number [6][0][1] - [9][3][5] - [3][9][9][1]

1.13 This reporting year is from [0][8] [8][7] to [0][7] [8][8]
Mo. Year Mo. Year

[] Mark (X) this box if you attach a continuation sheet.

```
CBI   Name of Seller ([ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
[ ] Mailing Address  ([ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
                               Street
                ([ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
                               City
                        ([ ] [ ]) ([ ] [ ] [ ] [ ]) -- ([ ] [ ])
                          State      Zip
Employer ID Number .....([ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Date of Sale .....([ ] [ ]) ([ ] [ ]) ([ ] [ ])
                              Mo.    Day    Year
Contact Person ([ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Telephone Number .....([ ] [ ] [ ]) - ([ ] [ ]) - ([ ] [ ] [ ])

```

CBI Name of Buyer ([]
 [] Mailing Address ([]
 Street
 []
 City
 [] [] [] [] [] [] [] -- [] [] [] []
 State Zip
 Employer ID Number [] [] [] [] [] []
 Date of Purchase [] [] [] [] [] []
 Mo. Day Year
 Contact Person []
 Telephone Number [] [] [] - [] [] [] - [] [] []

8

CBI

[]

Quantity (kg/yr)

Imported

C

In storage at the beginning of the reporting year

For on-site use or processing

For direct commercial distribution (including export)

In storage at the end of the reporting year

In storage at the beginning of the reporting year	0
---	---

Processed as a reactant (chemical producer) 0

Processed as a formulation component (mixture producer)	0
---	---

Processed as an article component (article producer) 9

Repackaged (including export)	0
-------------------------------------	---

In storage at the end of the reporting year 4

9

PART C IDENTIFICATION OF MIXTURES

- 1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

CBI

☐

Component Name	Supplier Name	Average % Composition by Weight (specify precision, e.g., 45% \pm 0.5%)
Polyurethane Prepolymer	Canap, Inc.	UK
Toluene Diisocyanate	Canap, Inc.	7+ 50%
Total		100%

☐ Mark (X) this box if you attach a continuation sheet.

2.04 State the quantity of the listed substance that your facility manufactured, imported, or processed during the 3 corporate fiscal years preceding the reporting year in descending order.

CBI

☐ Year ending 0 7 8 7
Mo. Year

Quantity manufactured NA kg

Quantity imported NA kg

Quantity processed 10 kg

Year ending 0 7 8 6
Mo. Year

Quantity manufactured NA kg

Quantity imported NA kg

Quantity processed 4 kg

Year ending 0 7 8 5
Mo. Year

Quantity manufactured NA kg

Quantity imported NA kg

Quantity processed 4 kg

2.05 Specify the manner in which you manufactured the listed substance. Circle all appropriate process types.

CBI

☐ Continuous process NA 1

Semicontinuous process NA 2

Batch process NA 3

☐ Mark (X) this box if you attach a continuation sheet.

2.06 Specify the manner in which you processed the listed substance. Circle all appropriate process types.

☐

Continuous process 1

Semicontinuous process 2

☒ Batch process 3

2.07 State your facility's name-plate capacity for manufacturing or processing the listed substance. (If you are a batch manufacturer or batch processor, do not answer this question.)

☐

Manufacturing capacity NA kg/yr

Processing capacity NA kg/yr

2.08 If you intend to increase or decrease the quantity of the listed substance manufactured, imported, or processed at any time after your current corporate fiscal year, estimate the increase or decrease based upon the reporting year's production volume.

☐

	Manufacturing Quantity (kg)	Importing Quantity (kg)	Processing Quantity (kg)
Amount of increase	NA	NA	NA
Amount of decrease	NA	NA	NA

☐ Mark (X) this box if you attach a continuation sheet.

2.09 For the three largest volume manufacturing or processing process types involving the listed substance, specify the number of days you manufactured or processed the listed substance during the reporting year. Also specify the average number of hours per day each process type was operated. (If only one or two operations are involved, list those.)

CBI

☐

	<u>Days/Year</u>	<u>Average Hours/Day</u>
Process Type #1 (The process type involving the largest quantity of the listed substance.)		
Manufactured	NA	NA
Processed	10	8
Process Type #2 (The process type involving the 2nd largest quantity of the listed substance.)		
Manufactured	NA	NA
Processed	NA	NA
Process Type #3 (The process type involving the 3rd largest quantity of the listed substance.)		
Manufactured	NA	NA
Processed	NA	NA

2.10 State the maximum daily inventory and average monthly inventory of the listed substance that was stored on-site during the reporting year in the form of a bulk chemical.

CBI

☐

Maximum daily inventory	_____ k _l
Average monthly inventory	_____ k _l

☐ Mark (X) this box if you attach a continuation sheet.

- 2.11 Related Product Types -- List any byproducts, coproducts, or impurities present with the listed substance in concentrations greater than 0.1 percent as it is manufactured, imported, or processed. The source of byproducts, coproducts, or impurities means the source from which the byproducts, coproducts, or impurities are made or introduced into the product (e.g., carryover from raw material, reaction product, etc.).

CBI

☐

<u>CAS No.</u>	<u>Chemical Name</u>	<u>Byproduct, Coproduct or Impurity¹</u>	<u>Concentration (%) (specify \pm % precision)</u>	<u>Source of Byproducts, Coproducts, or Impurities</u>
<u>UK</u>	<u>UK</u>	<u>UK</u>	<u>UK</u>	<u>UK</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

¹Use the following codes to designate byproduct, coproduct, or impurity:

B = Byproduct
C = Coproduct
I = Impurity

☐ Mark (X) this box if you attach a continuation sheet.

- 2.12 Existing Product Types -- List all existing product types which you manufactured, imported, or processed using the listed substance during the reporting year. List the quantity of listed substance you use for each product type as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to ☐ the instructions for further explanation and an example.)

CBI

a. Product Types ¹	b. % of Quantity Manufactured, Imported, or Processed	c. % of Quantity Used Captively On-Site	d. Type of End-Users ²
K	100	0	H = U.S. NAVY
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

- 2.13 Expected Product Types -- Identify all product types which you expect to manufacture, import, or process using the listed substance at any time after your current corporate fiscal year. For each use, specify the quantity you expect to manufacture, import, or process for each use as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types ¹	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users ²
L	100	0	H = U.S. NAVY

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

2.14 Final Product -- Complete the following table for each type of final product manufactured, imported, or processed at your facility that contains the listed substance other than as an impurity.

☐

a.	b.	c.	d.
Product Type ¹	Final Product's Physical Form ²	Average % Composition of Listed Substance in Final Product	Type of End-Users ³
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the final product's physical form:

A = Gas	F2 = Crystalline solid
B = Liquid	F3 = Granules
C = Aqueous solution	F4 = Other solid
D = Paste	G = Gel
E = Slurry	H = Other (specify) _____
F1 = Powder	

³Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

2.15 Circle all applicable modes of transportation used to deliver bulk shipments of the
CBI listed substance to off-site customers.

☐ Truck NA
Railcar NA
Barge, Vessel NA
Pipeline NA
Plane NA
Other (specify) NA

2.16 Customer Use -- Estimate the quantity of the listed substance used by your customers
CBI or prepared by your customers during the reporting year for use under each category
of end use listed (i-iv).

☐

Category of End Use

i. Industrial Products

Chemical or mixture UK kg/y
Article UK kg/y

ii. Commercial Products

Chemical or mixture UK kg/y
Article UK kg/y

iii. Consumer Products

Chemical or mixture UK kg/y
Article UK kg/y

iv. Other

Distribution (excluding export) UK kg/y
Export UK kg/y
Quantity of substance consumed as reactant UK kg/y
Unknown customer uses UK kg/y

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 3 PROCESSOR RAW MATERIAL IDENTIFICATION

PART A GENERAL DATA

- 3.01 Specify the quantity purchased and the average price paid for the listed substance for each major source of supply listed. Product trades are treated as purchases.
CBI The average price is the market value of the product that was traded for the listed substance.

☐

Source of Supply

Quantity
(kg)

Average Price
(\$/kg)

The listed substance was manufactured on-site.

NA

NA

The listed substance was transferred from a different company site.

NA

NA

The listed substance was purchased directly from a manufacturer or importer.

NA

NA

The listed substance was purchased from a distributor or repackager.

NA

NA

☒ The listed substance was purchased from a mixture producer.

9

22

- 3.02 Circle all applicable modes of transportation used to deliver the listed substance to your facility.

CBI

☐

- Truck ①
 Railcar 2
 Barge, Vessel 3
 Pipeline 4
 Plane 5
 Other (specify) 6

☐ Mark (X) this box if you attach a continuation sheet.

3.03 a. Circle all applicable containers used to transport the listed substance to your
CBI facility.

☐

Bags 1
Boxes (2)
Free standing tank cylinders 3
Tank rail cars 4
Hopper cars 5
Tank trucks 6
Hopper trucks 7
Drums 8
Pipeline 9
Other (specify) 10

b. If the listed substance is transported in pressurized tank cylinders, tank rail cars, or tank trucks, state the pressure of the tanks.

Tank cylinders	NA	mmHg
Tank rail cars	NA	mmHg
Tank trucks	NA	mmHg

☐ Mark (X) this box if you attach a continuation sheet.

PART B RAW MATERIAL IN THE FORM OF A MIXTURE

3.04 If you obtain the listed substance in the form of a mixture, list the trade name(s) of the mixture, the name of its supplier(s) or manufacturer(s), an estimate of the average percent composition by weight of the listed substance in the mixture, and the amount of mixture processed during the reporting year.

CBI

☐

<u>Trade Name</u>	<u>Supplier or Manufacturer</u>	<u>Average % Composition by Weight (specify \pm % precision)</u>	<u>Amount Processed (kg/yr)</u>
Conathane EN-6 Part A	Conap, Inc.	7 \pm 50	9

☐ Mark (X) this box if you attach a continuation sheet.

PART C RAW MATERIAL VOLUME

3.05 State the quantity of the listed substance used as a raw material during the reporting year in the form of a class I chemical, class II chemical, or polymer, and the percent composition, by weight, of the listed substance.

☐ CBI
☐

	Quantity Used (kg/yr)	% Composition by Weight of Listed Sub- stance in Raw Material (specify \pm % precision)
Class I chemical	NA	NA
	NA	NA
	NA	NA
Class II chemical	NA	NA
	NA	NA
	NA	NA
Polymer	NA	NA
	NA	NA
	NA	NA

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 4 PHYSICAL/CHEMICAL PROPERTIES

General Instructions:

If you are reporting on a mixture as defined in the glossary, reply to questions in Section 4 that are inappropriate to mixtures by stating "NA -- mixture."

For questions 4.06-4.15, if you possess any hazard warning statement, label, MSDS, or other notice that addresses the information requested, you may submit a copy or reasonable facsimile in lieu of answering those questions which it addresses.

PART A PHYSICAL/CHEMICAL DATA SUMMARY

- 4.01 Specify the percent purity for the three major¹ technical grade(s) of the listed substance as it is manufactured, imported, or processed. Measure the purity of the substance in the final product form for manufacturing activities, at the time you import the substance, or at the point you begin to process the substance.

CBI

☐

	<u>Manufacture</u>	<u>Import</u>	<u>Process</u>
Technical grade #1	<u>NA</u> % purity	<u>NA</u> % purity	NA - <u>MIXTURE</u> % purity
Technical grade #2	<u>NA</u> % purity	<u>NA</u> % purity	NA - <u>MIXTURE</u> % purity
Technical grade #3	<u>NA</u> % purity	<u>NA</u> % purity	NA - <u>MIXTURE</u> % purity

¹Major = Greatest quantity of listed substance manufactured, imported or processed.

- 4.02 Submit your most recently updated Material Safety Data Sheet (MSDS) for the listed substance, and for every formulation containing the listed substance. If you possess an MSDS that you developed and an MSDS developed by a different source, submit your version. Indicate whether at least one MSDS has been submitted by circling the appropriate response.

Yes (1)

No 2

Indicate whether the MSDS was developed by your company or by a different source.

Your company 1

Another source (2)

☐ Mark (X) this box if you attach a continuation sheet.

4.03 Submit a copy or reasonable facsimile of any hazard information (other than an MSDS that is provided to your customers/users regarding the listed substance or any formulation containing the listed substance. Indicate whether this information has been submitted by circling the appropriate response.

Yes

☒ No

4.04 For each activity that uses the listed substance, circle all the applicable number(s) corresponding to each physical state of the listed substance during the activity listed. Physical states for importing and processing activities are determined at the time you import or begin to process the listed substance. Physical states for manufacturing, storage, disposal and transport activities are determined using the final state of the product.

CBI

☐

Activity	Physical State				
	Solid	Slurry	Liquid	Liquified Gas	Gas
Manufacture	1	2	3	4	5
Import	1	2	3	4	5
Process	1	2	<input checked="" type="radio"/> 3	4	5
Store	<input checked="" type="radio"/> 1	2	3	4	5
Dispose	<input checked="" type="radio"/> 1	2	3	4	5
Transport	<input checked="" type="radio"/> 1	2	3	4	5

☐ Mark (X) this box if you attach a continuation sheet.

- 4.05 Particle Size -- If the listed substance exists in particulate form during any of the following activities, indicate for each applicable physical state the size and the percentage distribution of the listed substance by activity. Do not include particles ≥ 10 microns in diameter. Measure the physical state and particle sizes for importing and processing activities at the time you import or begin to process the listed substance. Measure the physical state and particle sizes for manufacturing storage, disposal and transport activities using the final state of the product.

CBI

☐

<u>Physical State</u>		<u>Manufacture</u>	<u>Import</u>	<u>Process</u>	<u>Store</u>	<u>Dispose</u>	<u>Transport</u>
Dust	<1 micron	NA	NA	NA	NA	NA	NA
	1 to <5 microns	NA	NA	NA	NA	NA	NA
	5 to <10 microns	NA	NA	NA	NA	NA	NA
Powder	<1 micron	NA	NA	NA	NA	NA	NA
	1 to <5 microns	NA	NA	NA	NA	NA	NA
	5 to <10 microns	NA	NA	NA	NA	NA	NA
Fiber	<1 micron	NA	NA	NA	NA	NA	NA
	1 to <5 microns	NA	NA	NA	NA	NA	NA
	5 to <10 microns	NA	NA	NA	NA	NA	NA
Aerosol	<1 micron	NA	NA	NA	NA	NA	NA
	1 to <5 microns	NA	NA	NA	NA	NA	NA
	5 to <10 microns	NA	NA	NA	NA	NA	NA

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 5 ENVIRONMENTAL FATE

PART A RATE CONSTANTS AND TRANSFORMATION PRODUCTS

5.01 Indicate the rate constants for the following transformation processes.

a. Photolysis:

Absorption spectrum coefficient (peak) UK (1/M cm) at UK nm
 Reaction quantum yield, ϕ UK at UK nm
 Direct photolysis rate constant, k_p , at ... UK 1/hr UK latitude

b. Oxidation constants at 25°C:

For 1O_2 (singlet oxygen), k_{ox} UK 1/M h

For RO_2 (peroxy radical), k_{ox} UK 1/M h

c. Five-day biochemical oxygen demand, BOD_5 ... UK mg/l

d. Biotransformation rate constant:

For bacterial transformation in water, k_b ... UK 1/hr

Specify culture UK

e. Hydrolysis rate constants:

For base-promoted process, k_B UK 1/M h

For acid-promoted process, k_A UK 1/M h

For neutral process, k_N UK 1/hr

f. Chemical reduction rate (specify conditions) UK

g. Other (such as spontaneous degradation) ... UK

☐ Mark (X) this box if you attach a continuation sheet.

PART B PARTITION COEFFICIENTS

5.02 a. Specify the half-life of the listed substance in the following media.

<u>Media</u>	<u>Half-life (specify units)</u>
Groundwater	UK
Atmosphere	UK
Surface water	UK
Soil	

b. Identify the listed substance's known transformation products that have a half-life greater than 24 hours.

<u>CAS No.</u>	<u>Name</u>	<u>Half-life (specify units)</u>	<u>Media</u>
UK	UK	UK	in UK
UK	UK	UK	in UK
UK	UK	UK	in UK
UK	UK	UK	in UK

5.03 Specify the octanol-water partition coefficient, K_{ow} ... UK at 25°C

Method of calculation or determination

5.04 Specify the soil-water partition coefficient, K_d UK at 25°C

Soil type

5.05 Specify the organic carbon-water partition coefficient, K_{oc} UK at 25°C

5.06 Specify the Henry's Law Constant, H UK atm-m³/mole

☐ Mark (X) this box if you attach a continuation sheet.

5.07 List the bioconcentration factor (BCF) of the listed substance, the species for which it was determined, and the type of test used in deriving the BCF.

<u>Bioconcentration Factor</u>	<u>Species</u>	<u>Test</u> ¹
UK	UK	UK
UK	UK	UK
UK	UK	UK

¹Use the following codes to designate the type of test:

F = Flowthrough

S = Static

☐ Mark (X) this box if you attach a continuation sheet.

6.04 For each market listed below, state the quantity sold and the total sales value of the listed substance sold or transferred in bulk during the reporting year.

☐

<u>Market</u>	<u>Quantity Sold or Transferred (kg/yr)</u>	<u>Total Sales Value (\$/yr)</u>
Retail sales		
Distribution -- Wholesalers		
Distribution -- Retailers		
Intra-company transfer		
Repackagers		
Mixture producers		
Article producers		
Other chemical manufacturers or processors		
Exporters		
Other (specify)		

6.05 Substitutes -- List all known commercially feasible substitutes that you know exist for the listed substance and state the cost of each substitute. A commercially feasible substitute is one which is economically and technologically feasible to use in your current operation, and which results in a final product with comparable performance in its end uses.

CBI

☐

<u>Substitute</u>	<u>Cost (\$/kg)</u>
UK	UK
UK	UK
UK	UK

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 7 MANUFACTURING AND PROCESSING INFORMATION

General Instructions:

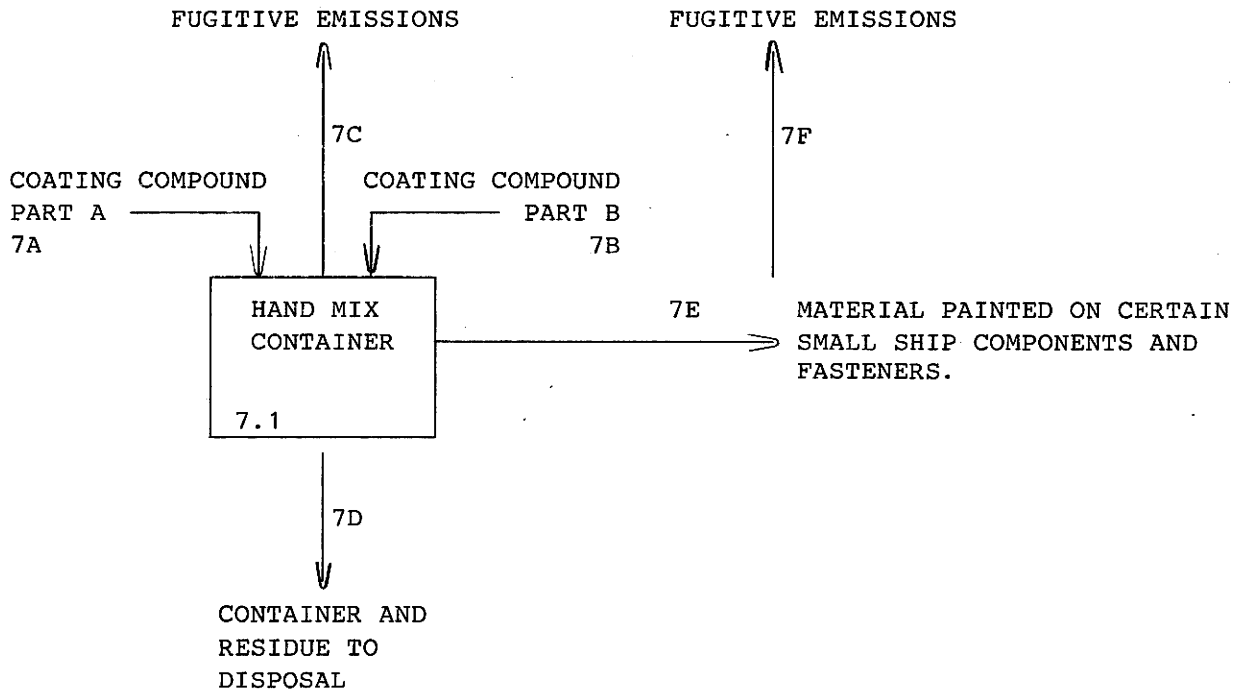
For questions 7.04-7.06, provide a separate response for each process block flow diagram provided in questions 7.01, 7.02, and 7.03. Identify the process type from which the information is extracted.

PART A MANUFACTURING AND PROCESSING PROCESS TYPE DESCRIPTION

7.01 In accordance with the instructions, provide a process block flow diagram showing the major (greatest volume) process type involving the listed substance.

CBI

☐ Process type MANUAL BATCH COATING METAL SHIP COMPONENTS

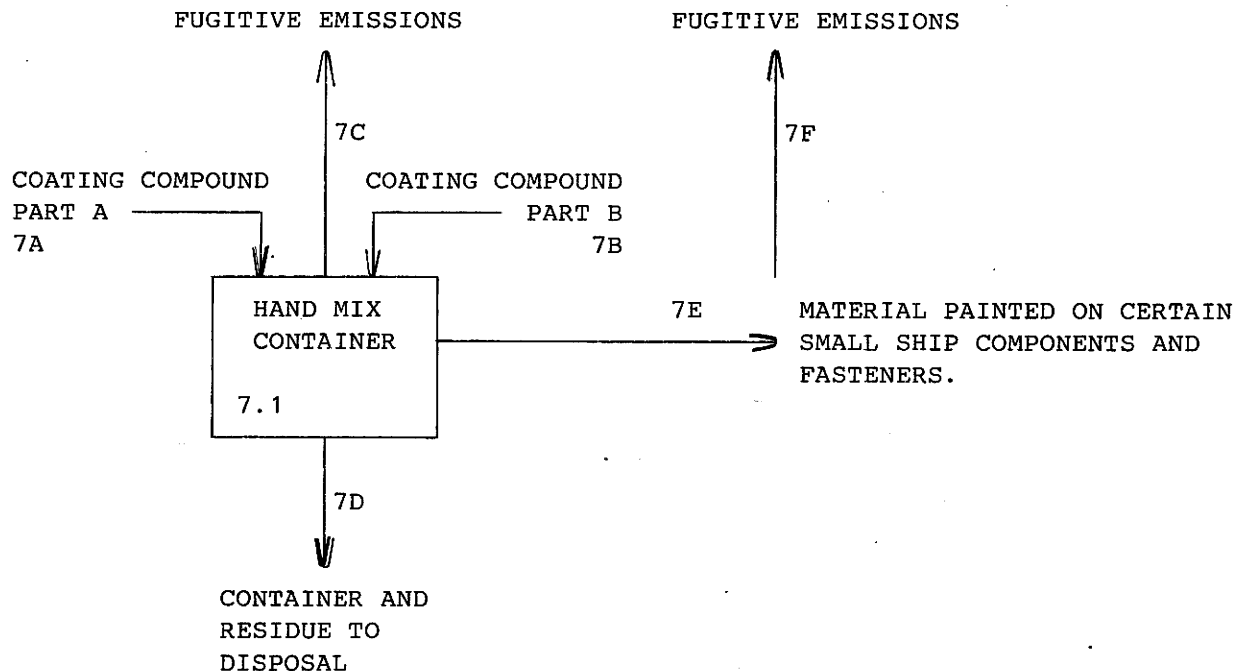


☐ Mark (X) this box if you attach a continuation sheet.

7.03 In accordance with the instructions, provide a process block flow diagram showing all process emission streams and emission points that contain the listed substance and which, if combined, would total at least 90 percent of all facility emissions if not treated before emission into the environment. If all such emissions are released from one process type, provide a process block flow diagram using the instructions for question 7.01. If all such emissions are released from more than one process type, provide a process block flow diagram showing each process type as a separate block.

CBI

☐ Process type MANUAL BATCH COATING METAL SHIP COMPONENTS



☐ Mark (X) this box if you attach a continuation sheet.

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type MANUAL BATCH COATING OF METAL SHIP COMPONENTS

<u>Unit Operation ID Number</u>	<u>Typical Equipment Type</u>	<u>Operating Temperature Range (°C)</u>	<u>Operating Pressure Range (mm Hg)</u>	<u>Vessel Composition</u>
7.1	Disposable Container	Ambient	ATMOS	Alum

☐ Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type MANUAL BATCH COATING METAL SHIP COMPONENTS

Process Stream ID Code	Process Stream Description	Physical State ¹	Stream Flow (kg/yr)
7A	PART A FEED	OL	9
7B	PART B FEED	OL	9
7C	MIXING FUGITIVE EMISSIONS	GU	UK
7D	CONTAINER & RESIDUE DISPOSAL	SO	3
7E	PAINTING COMPOUND ON PARTS	OL	6
7F	PAINTING FUGITIVE EMISSIONS	GU	UK

¹Use the following codes to designate the physical state for each process stream:

GC = Gas (condensable at ambient temperature and pressure)
 GU = Gas (uncondensable at ambient temperature and pressure)
 SO = Solid
 SY = Sludge or slurry
 AL = Aqueous liquid
 OL = Organic liquid
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

☐ Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the CBI instructions for further explanation and an example.)

☐ Process type

a. Process Stream ID Code	b. <u>Known Compounds</u> ¹	c. Concen- trations ^{2,3} (% or ppm)	d. Other Expected Compounds	e. Estimated Concentrations (% or ppm)
7A	Toluene Diisocynate	10% (E)	UK	UK
	Polyurethane Propolymer	90% (E)	UK	UK
7B	Polyether Polyol Mixture	UK	UK	UK
7C	UK	UK	UK	UK
7D	Polyurethane	UK	UK	UK
7E	Mixture of 7A + 7B	UK	UK	UK
7F	UK	UK	UK	UK

7.06 continued below

☐ Mark (X) this box if you attach a continuation sheet.

7.06 (continued)

¹For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
<u>1</u>	NA	NA
	NA	NA
	NA	NA
<u>2</u>	NA	NA
	NA	NA
	NA	NA
<u>3</u>	NA	NA
	NA	NA
	NA	NA
<u>4</u>	NA	NA
	NA	NA
	NA	NA
<u>5</u>	NA	NA
	NA	NA
	NA	NA

²Use the following codes to designate how the concentration was determined:

A = Analytical result
E = Engineering judgement/calculation

³Use the following codes to designate how the concentration was measured:

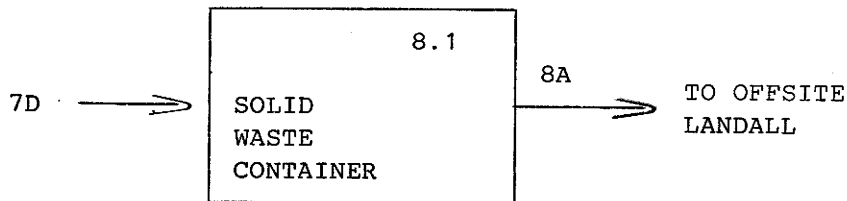
V = Volume
W = Weight

☐ Mark (X) this box if you attach a continuation sheet.

PART A RESIDUAL TREATMENT PROCESS DESCRIPTION

8.01 In accordance with the instructions, provide a residual treatment block flow diagram which describes the treatment process used for residuals identified in question 7.01.
CBI

☐ Process type MANUAL BATCH COATING OF METAL SHIP COMPONENTS



☐ Mark (X) this box if you attach a continuation sheet.

8.05 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

[illegible]

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

¹Use the following codes to designate the type of hazardous waste:

I = Ignitable
C = Corrosive
R = Reactive
E = EP toxic
T = Toxic
H = Acutely hazardous

²Use the following codes to designate the physical state of the residual:

GC = Gas (condensable at ambient temperature and pressure)
GU = Gas (uncondensable at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

³For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column d. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
1	NA	NA
	NA	NA
	NA	NA
2	NA	NA
	NA	NA
	NA	NA
3	NA	NA
	NA	NA
	NA	NA
4	NA	NA
	NA	NA
	NA	NA
5	NA	NA
	NA	NA
	NA	NA
	NA	NA

⁴Use the following codes to designate how the concentration was determined:

A = Analytical result

E = Engineering judgement/calculation

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

⁵Use the following codes to designate how the concentration was measured:

V = Volume
W = Weight

⁶Specify the analytical test methods used and their detection limits in the table below. Assign a code to each test method used and list those codes in column e.

<u>Code</u>	<u>Method</u>	<u>Detection Limit</u> <u>(± ug/l)</u>
<u>1</u>	NA	NA
<u>2</u>	NA	NA
<u>3</u>	NA	NA
<u>4</u>	NA	NA
<u>5</u>	NA	NA
<u>6</u>	NA	NA

☐ Mark (X) this box if you attach a continuation sheet.

CBI

[illegible]

²Use the codes provided in Exhibit 8-2 to designate the management methods

58.

8.22 Describe the combustion chamber design parameters for each of the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

Incinerator	Combustion Chamber Temperature (°C)		Location of Temperature Monitor		Residence Time In Combustion Chamber (seconds)	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
1						
2						
3						

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1

No 2

8.23 Complete the following table for the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

Incinerator	Air Pollution Control Device ¹	Types of Emissions Data Available
1	NA	NA
2	NA	NA
3	NA	NA

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1

No 2

¹Use the following codes to designate the air pollution control device:

S = Scrubber (include type of scrubber in parenthesis)
 E = Electrostatic precipitator
 O = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records of the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

CBI
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Data Element	Data are Maintained for:		Year in Which Data Collection Began	Number of Years Records Are Maintained
	Hourly Workers	Salaried Workers		
Date of hire	X	X	1950	20
Age at hire	X	X	1950	20
Work history of individual before employment at your facility	X	X	1950	20
Sex	X	X	1950	20
Race	X	X	1950	20
Job titles	X	X	1950	20
Start date for each job title	X	X	1950	20
End date for each job title	X	X	1950	20
Work area industrial hygiene monitoring data	NA	NA	NA	NA
Personal employee monitoring data	NA	NA	NA	NA
Employee medical history	X	X	1950	20
Employee smoking history	X	X	1950	20
Accident history	X	X	1950	20
Retirement date	X	X	1950	20
Termination date	X	X	1950	20
Vital status of retirees	NA	NA	NA	NA
Cause of death data	NA	NA	NA	NA

[] Mark (X) this box if you attach a continuation sheet.

9.02 In accordance with the instructions, complete the following table for each activity in which you engage.

CBI

☐

a.	b.	c.	d.	e.
<u>Activity</u>	<u>Process Category</u>	<u>Yearly Quantity (kg)</u>	<u>Total Workers</u>	<u>Total Worker-Hours</u>
Manufacture of the listed substance	Enclosed	NA	NA	NA
	Controlled Release	NA	NA	NA
	Open	NA	NA	NA
On-site use as reactant	Enclosed	NA	NA	NA
	Controlled Release	NA	NA	NA
	Open	NA	NA	NA
On-site use as nonreactant	Enclosed	NA	NA	NA
	Controlled Release	NA	NA	NA
	Open	NA	NA	NA
On-site preparation of products	Enclosed	NA	NA	NA
	Controlled Release	NA	NA	NA
	Open	9	2	80

☐ Mark (X) this box if you attach a continuation sheet.

9.03 Provide a descriptive job title for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance.

CBI

[]

Labor Category

Descriptive Job Title

A

OUTSIDE MACHINIST

B

C

D

E

F

G

H

I

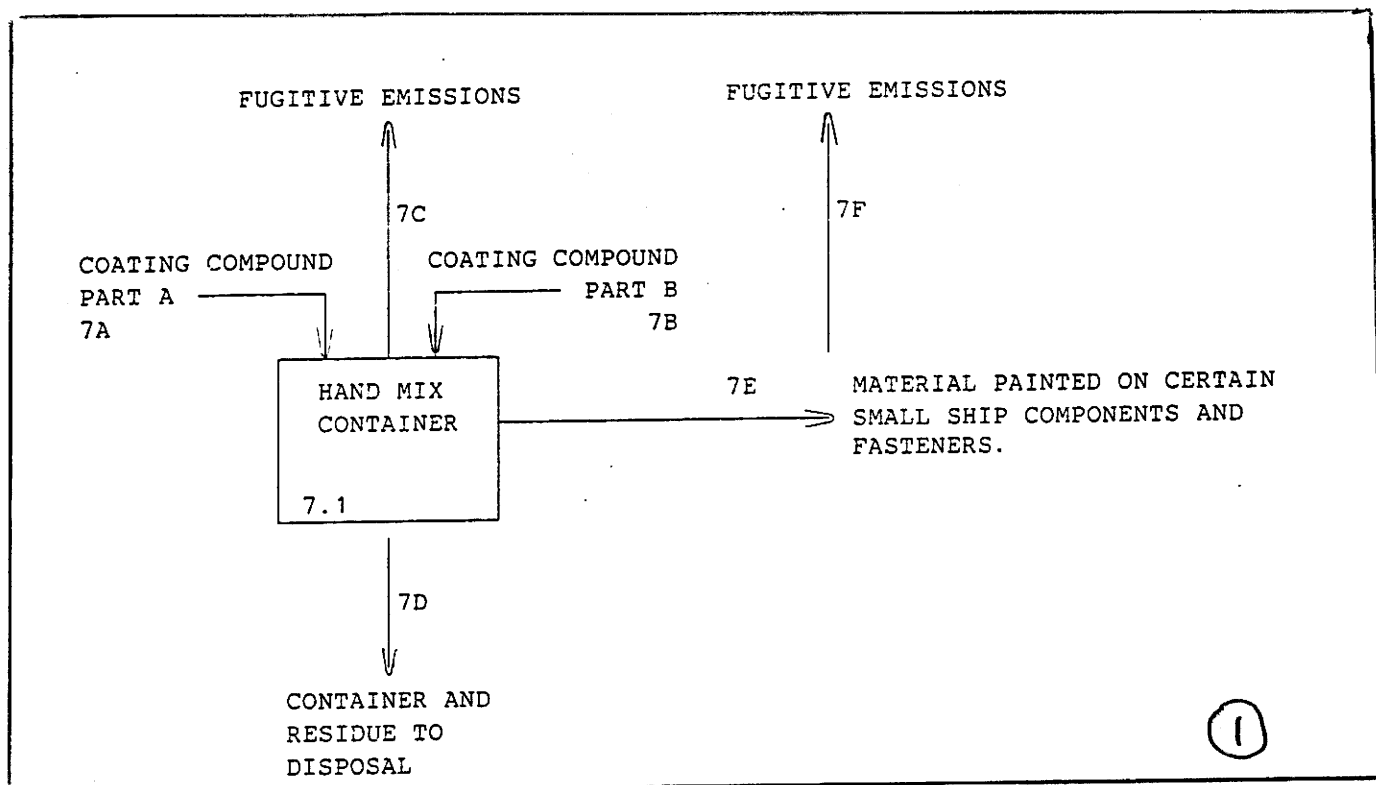
J

[] Mark (X) this box if you attach a continuation sheet.

9.04 In accordance with the instructions, provide your process block flow diagram(s) and indicate associated work areas.

CBI

☐ Process type MANUAL BATCH COATING OF METAL SHIP COMPONENTS



☐ Mark (X) this box if you attach a continuation sheet.

9.05 Describe the various work area(s) shown in question 9.04 that encompass workers who may potentially come in contact with or be exposed to the listed substance. Add an additional areas not shown in the process block flow diagram in question 7.01 or 7.02. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type

Work Area ID

Description of Work Areas and Worker Activities

1

SHIPBOARD

2

3

4

5

6

7

8

9

10

☐ Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type MANUAL BATCH COATING OF METAL SHIP COMPONENTS

Work area

Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance ¹	Average Length of Exposure Per Day ²	Number of Days per Year Exposed
A	10	Inhalation	OL	8	10

¹Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensable at ambient temperature and pressure)
 GU = Gas (uncondensable at ambient temperature and pressure; includes fumes, vapors, etc.)
 SO = Solid

SY = Sludge or slurry
 AL = Aqueous liquid
 OL = Organic liquid
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

²Use the following codes to designate average length of exposure per day:

A = 15 minutes or less
 B = Greater than 15 minutes, but not exceeding 1 hour
 C = Greater than one hour, but not exceeding 2 hours

D = Greater than 2 hours, but not exceeding 4 hours
 E = Greater than 4 hours, but not exceeding 8 hours
 F = Greater than 8 hours

☐ Mark (X) this box if you attach a continuation sheet.

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type _____

Work area _____

<u>Labor Category</u>	<u>8-hour TWA Exposure Level (ppm, mg/m³, other-specify)</u>	<u>15-Minute Peak Exposure Level (ppm, mg/m³, other-specify)</u>
A	UK	UK
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI

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Sample/Test	Work Area ID	Testing Frequency (per year)	Number of Samples (per test)	Who Samples ¹	Analyzed In-House (Y/N)	Number of Years Records Maintained
Personal breathing zone	NA	NA	NA	NA	NA	NA
General work area (air)	NA	NA	NA	NA	NA	NA
Wipe samples	NA	NA	NA	NA	NA	NA
Adhesive patches	NA	NA	NA	NA	NA	NA
Blood samples	NA	NA	NA	NA	NA	NA
Urine samples	NA	NA	NA	NA	NA	NA
Respiratory samples	NA	NA	NA	NA	NA	NA
Allergy tests	NA	NA	NA	NA	NA	NA
Other (specify)	NA	NA	NA	NA	NA	NA
	NA	NA	NA	NA	NA	NA
Other (specify)	NA	NA	NA	NA	NA	NA
	NA	NA	NA	NA	NA	NA
Other (specify)	NA	NA	NA	NA	NA	NA
	NA	NA	NA	NA	NA	NA

¹Use the following codes to designate who takes the monitoring samples:

- A = Plant industrial hygienist
- B = Insurance carrier
- C = OSHA consultant
- D = Other (specify) _____

[] Mark (X) this box if you attach a continuation sheet.

9.09 For each sample type identified in question 9.08, describe the type of sampling and CBI analytical methodology used for each type of sample.

<input type="checkbox"/> Sample Type	Sampling and Analytical Methodology
NA	NA
NA	NA
NA	NA
NA	NA
NA	NA
NA	NA
NA	NA

9.10 If you conduct personal and/or ambient air monitoring for the listed substance, specify the following information for each equipment type used.

CBI

<input type="checkbox"/> Equipment Type ¹	Detection Limit ²	Manufacturer	Averaging Time (hr)	Model Number
NA	NA	NA	NA	NA
NA	NA	NA	NA	NA
NA	NA	NA	NA	NA
NA	NA	NA	NA	NA
NA	NA	NA	NA	NA
NA	NA	NA	NA	NA

¹Use the following codes to designate personal air monitoring equipment types:

- A = Passive dosimeter
- B = Detector tube
- C = Charcoal filtration tube with pump
- D = Other (specify) _____

Use the following codes to designate ambient air monitoring equipment types:

- E = Stationary monitors located within work area
- F = Stationary monitors located within facility
- G = Stationary monitors located at plant boundary
- H = Mobile monitoring equipment (specify) _____
- I = Other (specify) _____

²Use the following codes to designate detection limit units:

- A = ppm
- B = Fibers/cubic centimeter (f/cc)
- C = Micrograms/cubic meter ($\mu\text{g}/\text{m}^3$)

☐ Mark (X) this box if you attach a continuation sheet.

9.11 If you conduct routine medical tests for monitoring the health effects of exposure to the listed substance, specify the type and frequency of the tests.

CBI

☐

Test Description

Frequency
(weekly, monthly, yearly, etc.)

NA
NA
NA
NA
NA

NA
NA
NA
NA
NA

☐ Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

() Process type MANUAL BATCH COATING STEEL SHIP COMPONENTS

Work area

<u>Engineering Controls</u>	<u>Used (Y/N)</u>	<u>Year Installed</u>	<u>Upgraded (Y/N)</u>	<u>Year Upgrade:</u>
Ventilation:				
Local exhaust	<u>Y</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
General dilution	<u>Y</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Other (specify) <u> </u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Vessel emission controls	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Mechanical loading or packaging equipment	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Other (specify) <u> </u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

☐ Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type MANUAL BATCH COATING OF STEEL SHIP COMPONENTS

Work area

Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)
NA	NA
NA	NA
NA	NA
NA	NA

☐ Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type MANUAL BATCH COATING OF STEEL SHIP COMPONENTS

Work area

<u>Equipment Types</u>	<u>Wear or Use (Y/N)</u>
Respirators	N
Safety goggles/glasses	Y
Face shields	N
Coveralls	N
Bib aprons	N
Chemical-resistant gloves	Y
Other (specify)	
_____	N
_____	N

☐ Mark (X) this box if you attach a continuation sheet.

- 9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type MANUAL BATCH COATING OF STEEL SHIP PARTS

Work Area	Respirator Type	Average Usage ¹	Fit Tested (Y/N)	Type of Fit Test ²	Frequency of Fit Tests (per year)
1	NA	NA	NA	NA	NA

¹Use the following codes to designate average usage:

A = Daily
 B = Weekly
 C = Monthly
 D = Once a year
 E = Other (specify) _____

²Use the following codes to designate the type of fit test:

QL = Qualitative
 QT = Quantitative

☐ Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

- 9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.

CBI

☐

Process type MANUAL BATCH COATING OF STEEL SHIP COMPONENTS

Work area 1

NA

NA

NA

NA

NA

- 9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type MANUAL BATCH COOLING OF STEEL SHIP COMPONENTS

Work area

<u>Housekeeping Tasks</u>	<u>Less Than Once Per Day</u>	<u>1-2 Times Per Day</u>	<u>3-4 Times Per Day</u>	<u>More Than 4 Times Per Day</u>
Sweeping	X			
Vacuuming	X			
Water flushing of floors	X			
Other (specify)				
	X			

☐ Mark (X) this box if you attach a continuation sheet.

9.21 Do you have a written medical action plan for responding to routine or emergency exposure to the listed substance?

Routine exposure

Yes 1

No 2

Emergency exposure

Yes 1

No 2

If yes, where are copies of the plan maintained?

Routine exposure: _____

Emergency exposure: _____

9.22 Do you have a written leak and spill cleanup plan that addresses the listed substance? Circle the appropriate response.

Yes 1

No (2)

If yes, where are copies of the plan maintained? _____

Has this plan been coordinated with state or local government response organizations? Circle the appropriate response.

Yes 1

No (2)

9.23 Who is responsible for monitoring worker safety at your facility? Circle the appropriate response.

Plant safety specialist 1

Insurance carrier 2

OSHA consultant 3

Other (specify) _____ 4

[] Mark (X) this box if you attach a continuation sheet.

SECTION 10 ENVIRONMENTAL RELEASE

General Instructions:

Complete Part E (questions 10.23-10.35) for each non-routine release involving the listed substance that occurred during the reporting year. Report on all releases that are equal to or greater than the listed substance's reportable quantity value, RQ, unless the release is federally permitted as defined in 42 U.S.C. 9601, or is specifically excluded under the definition of release as defined in 40 CFR 302.3(22). Reportable quantities are codified in 40 CFR Part 302. If the listed substance is not a hazardous substance under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and, thus, does not have an RQ, then report releases that exceed 2,270 kg. If such a substance however, is designated as a CERCLA hazardous substance, then report those releases that are equal to or greater than the RQ. The facility may have answered these questions or similar questions under the Agency's Accidental Release Information Program and may already have this information readily available. Assign a number to each release and use this number throughout this part to identify the release. Releases over more than a 24-hour period are not single releases, i.e., the release of a chemical substance equal to or greater than an RQ must be reported as a separate release for each 24-hour period the release exceeds the RQ.

For questions 10.25-10.35, answer the questions for each release identified in question 10.23. Photocopy these questions and complete them separately for each release.

PART A GENERAL INFORMATION

10.01 Where is your facility located? Circle all appropriate responses.

CBI

- ☐ Industrial area ①
- Urban area ②
- Residential area ③
- Agricultural area 4
- Rural area 5
- Adjacent to a park or a recreational area 6
- Within 1 mile of a navigable waterway ⑦
- Within 1 mile of a school, university, hospital, or nursing home facility 8
- Within 1 mile of a non-navigable waterway 9
- Other (specify) _____ 10

☐ Mark (X) this box if you attach a continuation sheet.

10.02 Specify the exact location of your facility (from central point where process unit is located) in terms of latitude and longitude or Universal Transverse Mercader (UTM) coordinates.

Latitude 30 ° 20 ' 41

Longitude 88 ° 34 ' 22

UTM coordinates Zone _____, Northing _____, Easting _____

10.03 If you monitor meteorological conditions in the vicinity of your facility, provide the following information.

Average annual precipitation inches/year

Predominant wind direction

10.04 Indicate the depth to groundwater below your facility.

Depth to groundwater meters

10.05 For each on-site activity listed, indicate (Y/N/NA) all routine releases of the listed substance to the environment. (Refer to the instructions for a definition of Y, N, and NA.)

CBI

☐

On-Site Activity

Environmental Release

Manufacturing

Air

Water

Land

NA

NA

NA

Importing

NA

NA

NA

Processing

Y

N

N

Otherwise used

NA

NA

NA

Product or residual storage

N

N

N

Disposal

N

N

Y

Transport

N

N

N

☐ Mark (X) this box if you attach a continuation sheet.

10.08 Describe the control technologies used to minimize release of the listed substance for each process stream containing the listed substance as identified in your process block or residual treatment block flow diagram(s). Photocopy this question and complete it separately for each process type.

CBI

☐ Process type MANUAL BATCH COATING OF STEEL SHIP COMPONENTS

<u>Stream ID Code</u>	<u>Control Technology</u>	<u>Percent Efficiency</u>
7A	NA	NA
7B	NA	NA
7D	NA	NA
7C	NA	NA
7E	NA	NA
7F	NA	NA

☐ Mark (X) this box if you attach a continuation sheet.

PART B RELEASE TO AIR

- 10.09 Point Source Emissions -- Identify each emission point source containing the listed substance in terms of a Stream ID Code as identified in your process block or residual treatment block flow diagram(s), and provide a description of each point source. Do not include raw material and product storage vents, or fugitive emission sources (e.g., equipment leaks). Photocopy this question and complete it separately for each process type.

CBI

☐

Process type

MANUAL BATCH COATING OF STEEL SHIP COMPONENTS

Point Source
ID Code

Description of Emission Point Source

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

☐ Mark (X) this box if you attach a continuation sheet.

☐ Mark (X) this box if you attach a continuation sheet.

10.10 Emission Characteristics -- Characterize the emissions for each Point Source ID Code identified in question 10.09 by completing the following table.

CRI

☐

Point Source ID Code	Physical State ¹	Average Emissions (kg/day)	Frequency ² (days/yr)	Duration ³ (min/day)	Average Emission Factor ⁴	Maximum Emission Rate (kg/min)	Maximum Emission Rate Frequency (events/yr)	Maximum Emission Rate Duration (min/event)
NA								
NA								
NA								
NA								
NA								
NA								
NA								
NA								
NA								
NA								
NA								

¹Use the following codes to designate physical state at the point of release:
G = Gas; V = Vapor; P = Particulate; A = Aerosol; O = Other (specify) _____

²Frequency of emission at any level of emission

³Duration of emission at any level of emission

⁴Average Emission Factor — Provide estimated (\pm 25 percent) emission factor (kg of emission per kg of production of listed substance)

10.11 Stack Parameters -- Identify the stack parameters for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

☐

Point Source ID Code	Stack Height(m)	Stack Inner Diameter (at outlet) (m)	Exhaust Temperature (°C)	Emission Exit Velocity (m/sec)	Building Height(m) ¹	Building Width(m) ²	Vent, Type ³
NA							
NA							
NA							
NA							
NA							
NA							
NA							
NA							
NA							
NA							
NA							
NA							
NA							

¹Height of attached or adjacent building

²Width of attached or adjacent building

³Use the following codes to designate vent type:

H = Horizontal

V = Vertical

☐ Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source.

CBI

☐

Point source ID code NA

Size Range (microns)

Mass Fraction (% ± % precision)

< 1

≥ 1 to < 10

≥ 10 to < 30

≥ 30 to < 50

≥ 50 to < 100

≥ 100 to < 500

≥ 500

Total = 100%

☐ Mark (X) this box if you attach a continuation sheet.

PART C FUGITIVE EMISSIONS

10.13 Equipment Leaks -- Complete the following table by providing the number of equipment types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

CBI

☐

Process type MANUAL BATCH COATING OF STEEL SHIP COMPONENTS

Percentage of time per year that the listed substance is exposed to this process type

Equipment Type	Number of Components in Service by Weight Percent of Listed Substance in Process Stream					
	Less than 5%	5-10%	11-25%	26-75%	76-99%	Greater than 99%
Pump seals ¹						
Packed	NA	NA	NA	NA	NA	NA
Mechanical	NA	NA	NA	NA	NA	NA
Double mechanical ²	NA	NA	NA	NA	NA	NA
Compressor seals ¹	NA	NA	NA	NA	NA	NA
Flanges	NA	NA	NA	NA	NA	NA
Valves						
Gas ³	NA	NA	NA	NA	NA	NA
Liquid	NA	NA	NA	NA	NA	NA
Pressure relief devices ⁴ (Gas or vapor only)	NA	NA	NA	NA	NA	NA
Sample connections						
Gas	NA	NA	NA	NA	NA	NA
Liquid	NA	NA	NA	NA	NA	NA
Open-ended lines ⁵ (e.g., purge, vent)						
Gas	NA	NA	NA	NA	NA	NA
Liquid	NA	NA	NA	NA	NA	NA

¹List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

☐ Mark (X) this box if you attach a continuation sheet.

10.13 (continued)

²If double mechanical seals are operated with the barrier (B) fluid at a pressure greater than the pump stuffing box pressure and/or equipped with a sensor (S) that will detect failure of the seal system, the barrier fluid system, or both, indicate with a "B" and/or an "S", respectively

³Conditions existing in the valve during normal operation

⁴Report all pressure relief devices in service, including those equipped with control devices

⁵Lines closed during normal operation that would be used during maintenance operations

10.14 Pressure Relief Devices with Controls -- Complete the following table for those pressure relief devices identified in 10.13 to indicate which pressure relief devices in service are controlled. If a pressure relief device is not controlled, enter "None" under column c.

CBI

☐

a. Number of Pressure Relief Devices	b. Percent Chemical in Vessel ¹	c. Control Device	d. Estimated Control Efficiency
NA			
NA			
NA			
NA			
NA			
NA			
NA			
NA			
NA			
NA			

¹Refer to the table in question 10.13 and record the percent range given under the heading entitled "Number of Components in Service by Weight Percent of Listed Substance" (e.g., <5%, 5-10%, 11-25%, etc.)

²The EPA assigns a control efficiency of 100 percent for equipment leaks controlled with rupture discs under normal operating conditions. The EPA assigns a control efficiency of 98 percent for emissions routed to a flare under normal operating conditions

☐ Mark (X) this box if you attach a continuation sheet.

10.15 Equipment Leak Detection -- If a formal leak detection and repair program is in place, complete the following table regarding those leak detection and repair procedures. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type NA

<u>Equipment Type</u>	<u>Leak Detection Concentration (ppm or mg/m³) Measured at Inches from Source</u>	<u>Detection Device</u>	<u>Frequency of Leak Detection (per year)</u>	<u>Repairs Initiated (days after detection)</u>	<u>Repairs Completed (days after initiated)</u>
Pump seals					
Packed					
Mechanical					
Double mechanical					
Compressor seals					
Flanges					
Valves					
Gas					
Liquid					
Pressure relief devices (gas or vapor only)					
Sample connections					
Gas					
Liquid					
Open-ended lines					
Gas					
Liquid					

¹Use the following codes to designate detection device:

POVA = Portable organic vapor analyzer

FPM = Fixed point monitoring

0 = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

☐ Mark (X) this box if you attach a continuation sheet.

- 10.16 Raw Material, Intermediate and Product Storage Emissions - - Complete the following table by providing the information on each liquid raw material, intermediate, and product storage vessel containing the listed substance as identified in your process block or residual treatment block flow diagram(s).

CBI

☐

Vessel Type ¹	Floating Roof ² Seals	Composition of Stored Materials ³	Throughput (liters per year)	Vessel Filling Rate (gpm)	Vessel Filling Duration (min)	Vessel Inner Diameter (m)	Vessel Height (m)	Operating Vessel Volume (l)	Vessel Emission Controls ⁴	Design Flow Rate ⁵	Vent Diameter (cm)	Control Efficiency (%)	Basis for Estimate ⁶
NA													
NA													
NA													
NA													
NA													
NA													
NA													
NA													

¹Use the following codes to designate vessel type:

F = Fixed roof
 CIF = Contact internal floating roof
 NCIF = Noncontact internal floating roof
 EFR = External floating roof
 P = Pressure vessel (indicate pressure rating)
 H = Horizontal
 U = Underground

²Use the following codes to designate floating roof seals:

MS1 = Mechanical shoe, primary
 MS2 = Shoe-mounted secondary
 MS2R = Rim-mounted, secondary
 LM1 = Liquid-mounted resilient filled seal, primary
 LM2 = Rim-mounted shield
 LMW = Weather shield
 VM1 = Vapor mounted resilient filled seal, primary
 VM2 = Rim-mounted secondary
 VMW = Weather shield

³Indicate weight percent of the listed substance. Include the total volatile organic content in parenthesis

⁴Other than floating roofs

⁵Gas/vapor flow rate the emission control device was designed to handle (specify flow rate units)

⁶Use the following codes to designate basis for estimate of control efficiency:

C = Calculations
 S = Sampling

PART E NON-ROUTINE RELEASES

10.23 Indicate the date and time when the release occurred and when the release ceased or was stopped. If there were more than six releases, attach a continuation sheet and list all releases.

Release	Date Started	Time (am/pm)	Date Stopped	Time (am/pm)
1	NA	NA	NA	NA
2	NA	NA	NA	NA
3	NA	NA	NA	NA
4	NA	NA	NA	NA
5	NA	NA	NA	NA
6	NA	NA	NA	NA

10.24 Specify the weather conditions at the time of each release.

Release	Wind Speed (km/hr)	Wind Direction	Humidity (%)	Temperature (°C)	Precipitation (Y/N)
1					
2					
3					
4					
5					
6					

☐ Mark (X) this box if you attach a continuation sheet.

C-114

CONAP, INC.
1405 Buffalo Street
Olean, New York 14760
716-372-9650

07/25/86
#25528

===== MATERIAL SAFETY DATA SHEET =====
NOTE: This form is to be used to comply with OSHA's Hazard Communication Standard, 29 CFR 1910.1200. Blank spaces are not permitted.

===== I. IDENTIFICATION =====

TRADE NAME: CONATHANE EN-6 PART A
Chemical Name, common name: Complex Mixture; Polyurethane Prepolymer
DATE: 04/09/86

===== II. HAZARDOUS INGREDIENTS =====

Chemical Names	CAS No.	%	ACGIH(TLV)	OSHA(PEL)	Other
Toluene Diisocyanate	584-84-9	NA	.005ppm TWA	.02ppm	ND

===== III. PHYSICAL DATA =====

Boiling Point: ND	Specific Gravity (H2O=1) .97
Vapor Pressure, mm Hg: ND	Vapor Density (air=1): ND
Melting Pt./Range: ND	Evaporation rate (Ether=1): ND
Solubility in Water: REACTS	Physical State: LIQUID
Percent Volatile by Volume: Negligible	
Appearance and Odor: Liquid; Sharp pungent (odor threshold greater than TLV)	

===== IV. FIRE AND EXPLOSION DATA =====

Flashpoint, F (Method): > 300°F PMCC
Flammable Limits: ND
Extinguishing Materials: LEL ND UEL ND

-XX- Water Spray -XX- Dry Chemical -XX- Carbon Dioxide
-XX- Foam -ND- Other:

Special Firefighting Procedures/Unusual Fire or Explosion Hazards:
Full emergency equipment with self-contained breathing apparatus and full protective clothing should be worn by fire fighters. During a fire TDI vapors and other irritating, highly toxic gases may be generated by thermal decomposition or combustion. At temperatures greater than 350°F TDI forms carbodiimides with the release of CO2 which can cause pressure build-up in closed containers. Explosive rupture is possible. Therefore, use cold water to cool fire-exposed containers.

===== V. HEALTH HAZARD INFORMATION =====

ACUTE TOXICITY (Routes of entry)
Inhalation: LC50. (4 hr.): Range 12.7 to 66 ppm for 1-4 hr. (Rat) on TDI.
Ingestion: ORAL, LD50 5800 mg/kg (Rats)
Eye Contact: Strongly irritating (Rabbits) OECD Guidelines.
Skin Contact: Corrosive to the skin (Rabbits) OECD Guidelines. Skin sensitizer in guinea pigs reported that repeated skin contact with TDI caused respiratory sensitization.
Skin Absorption: ND

CHRONIC TOXICITY:

Carcinogenicity: --NA-No --X-Yes --X-NTP -----IARC ----Federal OSHA
In a DRAFT of a lifetime bioassay, the National Toxicology Program reported that TDI caused an increase in the number of tumors in exposed rats over those counted in non-exposed rats. The TDI was administered by gavage where TDI was introduced into the stomach through a tube. In lifetime inhalation studies conducted by Hazelton Labs for the International Isocyanate Institute, TDI did NOT demonstrate carcinogenic activity in rats or mice.
Target Organ Affected: No specific information available.

Effects of Overexposure:

INHALATION: Inhalation of TDI vapors at concentrations above allowable limits can produce irritation of the mucous membranes in the respiratory tract resulting in running nose, sore throat, productive cough and a reduction of lung function (breathing obstruction). Extensive exposure to concentrations well above these limits could lead to bronchitis, bronchospasm (a sudden involuntary contraction) and, in rare cases, pulmonary edema (fluid in lungs). These effects are usually reversible. Another type of response is hyperreactivity or hypersensitivity, in which persons, (as a result of a previous repeated overexposure or large single dose), can respond to small TDI concentrations at levels well below the .02 ppm. Symptoms could be immediate or delayed and include chest tightness, wheezing, cough, shortness of breath or asthmatic attack. Hypersensitivity pneumonitis (with similar respiratory symptoms and fever which has been delayed) has also been reported.

EYES: Liquid, vapors or aerosols are severely irritating to the eyes and can cause tears. Corneal injury can occur which can be slow to heal; however damage is usually reversible.

SKIN: TDI reacts with skin protein and tissue moisture and can cause localized irritation as well as discoloration. Prolonged contact could produce reddening, swelling, or blistering and, in some individuals, skin sensitization resulting in dermatitis.

INGESTION: Ingestion could result in irritation and some corrosive action in the mouth, stomach tissue and digestive tract.

Medical Conditions Aggravated By Exposure: Existing respiratory conditions

FIRST AID: EMERGENCY PROCEDURES

EYE CONTACT: Flush with clean, lukewarm water (low pressure) for at least 15 minutes, occasionally lifting eyelids, and obtain medical attention. Refer individual to an ophthalmologist for immediate follow-up.

SKIN CONTACT: Remove contaminated clothing. Wash effected areas thoroughly with soap or tincture of green soap and water. Wash contaminated clothing thoroughly before reuse. For severe exposures, get under safety shower, remove clothing under shower, get medical attention, and consult physician.

INHALATION: Move to an area free from risk of further exposure. Administer oxygen or artificial respiration as needed. Obtain medical attention. Asthmatic-type symptoms may develop and be immediate or delayed up to several hours.

INGESTION: Do not induce vomiting. Give 12 fl.oz. of milk or water to drink. **DO NOT GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON.** Consult physician.

Recommendations to Physician:

EYES: Stain for evidence of corneal injury. If cornea is burned, instill antibiotic steroid preparation frequently. Workplace vapors have produced reversible corneal epithelial edema impairing vision.

SKIN: Treat as contact dermatitis. If burned, treat as thermal burn.

RESPIRATORY: Treatment is essentially symptomatic.

===== VI. REACTIVITY DATA =====

Stability:

--XX-Stable

-NA--Unstable

Conditions to Avoid: Temperatures higher than recommended in product literature.

Incompatibility (materials to avoid): Water, short chain alcohols, amines

Hazardous Decomposition Products - By heat and fire: carbon dioxide, carbon monoxide, oxides of nitrogen and traces of hydrogen cyanide, TDI.

Hazardous Polymerization: NA-May Occur

X-Will Not Occur

Conditions to Avoid: ND

===== VII. SPILL, LEAK AND DISPOSAL PROCEDURES =====

STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED: Consult Section VIII for proper protective equipment. Cover the spill with sawdust, vermiculite, Fuller's earth or other absorbant material. Pour decontamination solution over the spill area and allow to react for at least 10 minutes. Collect the material in open top containers and add additional amounts of decontamination solution. Remove containers to a safe place, cover loosely, and allow to stand for 24 to 48 hours. Wash down spill area with decontamination solutions. Decontamination solutions: non-ionic surfactant Union Carbide's Tergitol TMN-10(20%) and water(80%); or concentrated ammonia (3-8%), detergent (2%) and water (90%). During spill clean-up, a self contained breathing apparatus or air line respirator and protective clothing must be worn. (See Section VIII).

WASTE DISPOSAL METHOD: Dispose according to any local, state, and federal regulations.

===== VIII. SPECIAL HANDLING INFORMATION =====

RESPIRATORY PROTECTION: A positive pressure air-supplied respirator is required whenever TDI concentrations exceed the Short-Term Exposure or Ceiling Limit of .02ppm or exceed the 8 hour Time Weighted Average TLV of 0.005 ppm. An air supplied respirator must also be worn during spray application, even if exhaust ventilation is used. For non-spray, short-term (less than 1 hour) situations where concentrations are near the TLV, a full face, air-purifying respirator equipped with organic cartridges or canisters can be used. However, TDI has poor warning properties since the odor at which TDI can be smelled is substantially higher than the 0.02 ppm. Therefore, proper fit and timely replacement of filter elements must be ensured. Observe OSHA regulations for respirator use (29CFR 1910.134).

VENTILATION: Local exhaust should be used to maintain levels below the TLV whenever TDI containing material is handled, processed, or spray-applied. At normal room temperatures (70°F) TDI levels quickly exceed the TLV unless properly ventilated. Standard reference sources regarding industrial ventilation (e.g., ACGIH INDUSTRIAL VENTILATION) should be consulted for guidance about adequate ventilation.

PROTECTIVE GLOVES: Chemical resistant gloves (butyl rubber, nitrile rubber, polyvinyl alcohol). However, please note that PVA degrades in water.

EYE PROTECTION: Liquid chemical goggles or full face shield should be worn. Contact lenses should not be worn.

OTHER PROTECTIVE CLOTHING OR EQUIPMENT: Safety showers and eyewash stations should be available. Cover as much of exposed skin as possible with appropriate clothing.

WORK PRACTICES, HYGIENIC PRACTICES: Educate and train employees in safe use of product. Follow all label instructions.

Medical Conditions Aggravated By Exposure
None expected at industrial use levels.

FIRST AID: EMERGENCY PROCEDURES

Eye Contact:

Flush with water. If irritation develops call a physician.

Skin Contact:

Flush with water. Washing any substance off skin is a good safety practice.

Inhalation:

No available data.

Ingested:

Drink water to dilute

Recommendations to Physician:

Treat systematically.

===== VI. REACTIVITY DATA =====

Stability: --XX-Stable -----Unstable

Conditions to Avoid:

Extreme heat.

Incompatibility (materials to avoid):

Strong oxidizing agents.

Hazardous Decomposition Products

Carbon dioxide, carbon monoxide

Hazardous Polymerization: --May Occur X-Will not occur

Conditions to avoid:

None

===== VII. SPILL, LEAK AND DISPOSAL PROCEDURES =====

Steps to be taken if material is released or spilled:

Consult section VIII for proper protective equipment.

Wear goggles, coveralls, impervious gloves and boots. Add dry absorbent, shovel or sweep up. Place in an appropriate container and seal. Wash all contaminated clothing before reuse. In the event of a large spill, call the emergency number shown on the front of this sheet.

Waste Disposal Method:

Dispose of contaminated containers and materials used in cleaning up spills or leaks in a manner approved for this material according to any Local, State and Federal Regulations.

===== VIII. SPECIAL HANDLING INFORMATION =====

Respiratory Protection:

Not needed.

Ventilation:

General mechanical exhaust.

Local exhaust----NA----- Mechanical---XX----- Special--NA-
Protective Gloves:Not required.

Eye Protection:Safety glasses with side shields.

Other Protective Clothing or Equipment:

Eye wash station may be useful.

Work Practices, hygienic practices

Wash after handling the material.

===== IX SPECIAL PRECAUTIONS =====

Handling and Storage:

Avoid contact with eyes, skin or clothing. Do not take

internally. Upon contact with skin or eyes, wash off with water. Avoid breathing vapor or mist. Store in cool, dry, well-ventilated place.

=====
Name(print):K.Poucher-----!This formulation is subject
Signature:--*K. Poucher*-----!to change without notice.
Title:Mgr. Technical Services---!In case of accident use the
Date of last revision:04/22/86 !the phone number provided.

To the best of our knowledge, the information contained herein is accurate. However, CONAP INC. does not assume any liability whatsoever for the accuracy or completeness of the information contained herein. Final determination of the suitability of any material is the sole responsibility of the user. All materials may present unknown hazards and should be used with caution. Although certain hazards are described herein, we cannot guarantee that these are the only hazards which exist.

////////////////////////////////////
Date approved: 4/22/86 Approved: *W. C. Miller*
ND=Not Determined
NA=Not Applicable
Date approved: 4/25/86 Approved: *Donald B. Williams*

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Offc. of Toxic Substances TS-790
U.S. Environmental Protection
Agency, 401 M Street SW

Washington DC

20460

CAIR Report Office

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